

Trends in Personal Health Care Expenditures, Health Insurance, and Payment Sources, Community-Based Population, 1996-2005

The Center for Cost and Financing Studies (CCFS) of the Agency for Health Care Policy and Research (AHCPR) has projected health expenditure data for the civilian, community-based (noninstitutionalized) population for each year between 1996 and 2005 from the 1987 National Medical Expenditure Survey (NMES).¹ (This is the second release of this document. The data for this release are aligned and reweighted to more recent benchmark figures than the first release which was in December 1997). The data can be used to identify trends in health services expenditures over this period. The 1987 NMES contains data for over 14,000 households and 34,000 persons and uses sample weights to produce national estimates for the total population and for subpopulations. The projected data are first “aged” to 1996 by a series of adjustments to the sample weights. The weight adjustments are based on more recent household population data from the March 1997 Current Population Survey (CPS); the 1995 National Health Interview Survey (NHIS); the 1994 Medicare Current Beneficiary Survey (MCBS); and adjusted 1996 administrative data on cash transfer recipients of Aid to Families with Dependent Children (AFDC) and Supplemental Security Income (SSI), and Medicaid enrollees who do not receive AFDC or SSI. Next, the 1996 sample weights are inflated to each year between 1997 and 2005 by age, race/ethnicity, and gender based on middle series projections of the population by the Census Bureau.²

The projected NMES data for years between 1997 and 2005 are aligned to per capita health expenditure estimates by service type and payment source based on projections of the National Health Accounts (NHA) data by the Congressional Budget Office (CBO) for each of those years.³ Prior to these alignments, NHA data are adjusted in each year to more accurately reflect the expenditures of the civilian, community-based population represented by the NMES sample. Trends in aligned health expenditures over this time period can be observed for population groups defined by characteristics used to reweight the NMES sample (e.g., age, race/ethnicity, gender, income relative to the poverty

¹ The projected NMES data for each year between 1996 and 2005 reside on the AHCPR home page with file names NMS96EXB, NMS97EXB, ..., NMS05EXB.

² Current Population Reports, P25-1092, “Population Projections of the United States, by Age, Sex, Race, and Hispanic Origin: 1992 to 2050,” Bureau of the Census, U.S. Department of Commerce, Washington, D.C., November 1992.

³ Congressional Budget Office, “The Economic and Budget Outlook: An Update,” August 1995 and unpublished spreadsheet projections for the years 1996 through 2005 provided by CBO. CBO projections for 1996 through 2005 were scaled downward by the ratio of actual 1996 NHA data by service type and payment source from the Health Care Financing Administration to CBO projections for 1996 to adjust for CBO’s overestimate of private health expenditures for that year.

level, health insurance status, employment status of the family head, region of residence, receipt of public cash transfer income such as AFDC or SSI, and health maintenance organization (HMO) participation status for the nonelderly).

Trends in aligned per capita health care expenditures between 1996 and 2005 for total expenditures and for each of the 8 health service expenditure categories are illustrated for the under 65, 65 and over, and total populations in Tables 1, 2, and 3, respectively (see Appendix).⁴ In addition to the projected expenditures for the years 1996 and 2005, these tables include the 1996 per capita estimates inflated to 2005 using average annual rates of price inflation in the Consumer Price Index (CPI) for specific categories of medical expenditures between December 1991 and June 1997. The CPI component indices and the comparable NMES expenditure categories are as follows:

<u>Expenditure Category</u>	<u>CPI Component (average rate of inflation, 1991-1997)</u>
Physician Office	Physician Services (4.6%)
Outpatient Hospital	Outpatient Services (6.4%)
Inpatient Hospital Physician	Physician Services (4.6%)
Inpatient Hospital Facility	Inpatient Hospital Services (4.2%)
Prescribed Medicines	Prescribed Medicines (3.5%)
Dental Services	Dental Services (5.0%)
Home Health Care	Medical Services (5.0%)
Other	Medical Care (4.6%)

The addition of CPI adjusted expenditures to Tables 1 through 3 enables an assessment of potential real changes in spending per capita on each expenditure category projected between 1996 and 2005 based on the underlying medical inflation assumptions, Census population projections, and the CBO NHA projections. This assessment is done by comparing the estimates in the second and third columns of the tables.

Expenditure Trends

Table 1 shows per capita health care expenditures for the population under age 65. Between 1996 and 2005 total expenditures for all categories combined are projected to increase from \$1,814 to \$3,366, a mean annual increase of 7.1%, which is slightly below the 1987 to 1995 average annual

⁴ The service category "other" consists of expenditures for chiropractors, podiatrists, optometrists, eyeglasses and contacts, durable medical equipment, and nondurable medical supplies. The service category "outpatient hospital" combines expenditures for emergency room services, outpatient mental health services, and outpatient hospital services excluding mental health and chiropractor services.

rate (7.4%) projected for this earlier period based on actual NHA data.⁵ Assuming that average annual medical price inflation of 4.6% over the past 6 years remains constant until 2005, real per capita health care expenditures are projected to increase by 24% over the 1996 to 2005 period (2.4% on average per year). Over the 1987 to 1995 period, estimates show an increase for this population group at only two-tenths of a percentage point on average per year.

Table 2 shows health care expenditures for the population age 65 and over. In nominal terms, per capita expenditures for the elderly are projected to increase from \$7,087 to \$14,655, a mean increase of 8.4% per year. This increase is only slightly higher than the 1987 to 1995 average annual rate (8.3%). After assuming medical price inflation for this population group of 4.4% per year for total medical expenditures, real per capita expenditures increase by 40% over this 9 year period (3.8% on average per year). This compares to an average annual real rate of increase of less than 1 percentage point (.8%) over the 1987 to 1995 period.

For all ages combined, Table 3 shows a nominal increase from \$2,448 to \$4,695 (a 7.5% mean increase per year). This increase is close to the average annual growth rate for the 1987 through 1995 period (7.7%). After accounting for assumed medical price inflation of 4.5% annually, real per capita health care expenditures are projected to increase by 29% over the 1996 to 2005 period (2.9% on average per year). Between 1987 and 1995, the real growth rate in this measure was estimated to be only four-tenths of a percentage point on average per year for the community-based, civilian population.

For the individual expenditure categories over the 9 year period, home health care is projected to have by far the highest growth rates in expenditures. Projections show a 15.5% annual average increase for the young (Table 1) and a 12.1% mean annual increase for the older population (Table 2). These combine for a 12.8% average increase per year for the overall population (Table 3). Though large, this is over one-third less than the projected average annual rate of increase in home health care expenditures for the overall population that was estimated for the 1987 to 1995 period (20.4%).

After home health care, the medical expenditure category with the next highest rate of projected growth for the under age 65 population is prescribed medicines at an average nominal rate of 8.0% per year. The lowest growth rate is projected for inpatient hospital facility services at a 6.2% mean annual rate, while the remaining health services categories are each projected to grow between 6.3% and 7.8% on average each year.

⁵ The 1987 to 1995 trend tables document, "Trends in Personal Health Care Expenditures, Health Insurance, and Payment Sources, Community-Based Population, 1987-1995", Agency for Health Care Policy and Research, U.S. Department of Health and Human Services, Washington, D.C., March 1997 is available on the MEPS home page.

For the population age 65 and over, outpatient hospital services are projected to grow at the next highest rate (10.4% on average per year) compared to home health care expenditures. Dental services have the lowest average projected growth rate per year for the elderly at 5.8%, a full percentage point below the 6.8% average annual rate estimated for prescribed medicines. Compared to the 1987 to 1995 period, physician services for the elderly population are estimated to increase by approximately 2 percentage points more on average per year over the 1996 to 2005 period for both ambulatory physician and inpatient hospital physician services (9.5% and 9.0%, respectively).

For the total population, the categories other than home health care have estimated average annual growth rates between 7.5% and 8.2%, except for dental services and inpatient hospital facility expenditures which are at 6.3% and 6.6%, respectively. Compared to the 1987 to 1995 period, ambulatory physician, outpatient hospital, dental services, and prescribed medicines are projected to grow on average less rapidly per year (between .3 and 1 percentage point per year).

If medical price inflation over the 1996 to 2005 period continues at the same average annual rate as it did for the previous six years, the greatest real growth for the total population will occur over this period in home health care (7.4% mean increase per year), followed by prescribed medicines (3.9% average annual increase), inpatient hospital physician services (3.4% per year average increase), and ambulatory physician services (3.1% mean annual increase). With the exception of inpatient hospital physician services, this continues a trend from the 1987 to 1995 period when home health care grew at a 12.6% average annual real rate, ambulatory physician at a 2.4% mean annual real rate, and prescribed medicines at a 2.1% average annual rate.

Source of Payment Trends

Trends in personal health care expenditures payment sources within type of service category between 1996 and 2005 for the under 65, 65 and over, and total population groups are depicted in Tables 4, 5, and 6, respectively (see Appendix). The health expenditure categories in Tables 1-3 are repeated in Tables 4-6. Payment source categories are self-explanatory except for “other” which includes other federal and state sources, other private sources, and workers’ compensation. The percentage payments from each source in the tables are constructed by dividing aggregate payments from a given source by aggregate expenditures for each health services category.⁶

Table 4 indicates the continuation of a trend observed over the 1987 to 1995 period for the under age 65 population. More specifically, a shift away from out-of-pocket (self or family) and private health insurance payments and towards public insurance, particularly Medicare and Medicaid payments. In 1996, approximately 18.5% of total expenditures are estimated to be paid by self or

⁶ The payment source category “free from provider”, that is included on the NMSxxEXB files (xx = 96, 97,..., 05) and that contains imputed values from the original NMES data, was deleted from all data in these tables for consistency with NHA data.

family and close to 55% for private health insurance. By the year 2005, the out-of-pocket percentage is projected to decline by approximately 3.6 percentage points to nearly 15%, and private health insurance is projected to decline by almost 3 percentage points to 52%. This decline in the out-of-pocket and private health insurance payment shares is compensated by projected increases in the Medicaid and Medicare payment shares. Among the categories of expenditures, the projected reduction in out-of-pocket payment share was most pronounced for other, prescribed medicines, outpatient hospital, and physician office; the projected reduction in private health insurance was most pronounced for hospital inpatient physician and hospital inpatient facility.

Table 5 displays projected payment source shares for the population age 65 and over for the year 1996 and the year 2005. A previously estimated decline in the out-of-pocket payment share for all health care expenditures for the 1987 to 1995 period is projected to continue between 1996 and 2005. Medicare and Medicaid payment shares, overall, are projected to continue to rise for the elderly population to the year 2005, though at a much higher rate for Medicare (from 52% to 60%) compared to Medicaid (only a two percentage point increase from 4.0% to 6.0%). Payment shares from other sources are projected to continue to decline at a modest rate (from 8% to 6%). Private insurance payment shares, which stayed relatively stable over the 1987 to 1995 period, are projected to decline from 20% to 16% between 1996 and 2005.

The 1996 to 2005 period also shows a reversal in an estimated trend for Medicare to displace out-of-pocket payments for home health care for the elderly between 1987 and 1995. The self or family payment share for elderly home health care is projected to increase from 23% to 28% between 1996 and 2005, while the Medicare payment share is projected to decline from 60% to 45% over the same period. However, this shift to self or family financing of home health care for the elderly is more than offset by projected declines in self or family payment shares for all other categories of expenditure. Projected increases in Medicare payment shares for all other categories, except prescribed medicines and dental services, fill in financing gaps created by reduced self or family payment shares over this period. In addition, Medicaid is projected to take on a substantial increase in home health care payments for the elderly, from 12% to 22% for 1996 to 2005.

For the entire population between 1996 and 2005 (Table 6), declines are projected in total health care expenditures for the self or family payment share (from 17% to 14%), the private insurance payment share (from 43% to 39%), and the other payment source share (from 9% to 8%). Over this period, these declines are offset by projected increases in Medicare (from 21% to 26%) and Medicaid (from 10% to 14%) payment shares. By 2005, the self or family and private insurance payment shares for home health care are projected to increase by approximately 2 percentage points (24% and 14%, respectively). The Medicaid payment share for home health care is also projected to increase (by roughly 11 percentage points to nearly 26%). The Medicare payment share for home health care for the total population is projected to decline by over 15 percentage points (to just below 35%). Medicaid and private insurance are estimated to compensate for nearly a 6 percentage point decline in self or family payments for prescribed medicines, while Medicare is projected to be the

primary offset to lower out-of-pocket payment shares for outpatient hospital, physician office, and hospital inpatient physician medical service expenditures for the total population over this period.

Population Subgroup Trends

Trends between 1996 and 2005 in health insurance coverage and poverty status, as well as age and gender, are explored in Table 7 (see Appendix). Within each age group, health insurance status categories are defined hierarchically. That is, once a person is classified in the first category of coverage, they are omitted from the pool of persons considered for the second category of coverage and so on. In essence, reweighting the population to Census projections of the population by age, race/ethnicity, and gender has left the health insurance and income distributions of the population stable between 1996 and 2005. By the year 2005, evidence of the baby boomer bulge begins to appear by a slight growth in the percentage of the population in the 18 to 64 year group (primarily at the expense of the youngest age group of individuals 0 to 17 years) over this 9 year period, but it is not until 2010 that this group starts to infiltrate the 65 and older age group.

Expenditure Share Trends

Trends in health expenditure payment shares for each of the eight health service categories for different population subgroups defined by age, insurance status, poverty status, and gender between 1996 and 2005 are shown in Table 8 (see Appendix). The health expenditure categories are again defined the same as in Tables 1-6 above, while the payment shares for a given expenditure category are defined as the aggregate expenditures on a specific health service divided by the sum of aggregate health expenditures across all service categories.

For the total population, Table 8 shows over the 1996 to 2005 period a continuation of previously observed trends which track declines in expenditure shares for inpatient hospital facility (from 40.1% in 1996 to 37.2% in 2005) and dental services (from 7.2% to 6.5%), and increases in expenditure shares for prescribed medicines (from 8.3% to 8.4%), ambulatory physician (from 21.7% to 22.3%), outpatient hospital (from 5.8% to 6.1%), and home health care services (from 4.0% to 6.2%). Inpatient hospital physician expenditure shares, which had been declining between 1987 and 1995, are projected to increase from 8.9% to 9.5% between 1996 and 2005.

Across the demographic groups appearing in Table 8, the projected decline in the expenditure shares for inpatient hospital facility services between 1996 and 2005 is relatively stronger for the elderly compared to the nonelderly population. The projected decline in the expenditure shares for dental services is fairly widespread across population groups, but payment shares for the uninsured and children 17 years and younger are projected to increase slightly over this period.

The overall slight increase in the expenditure shares for prescribed medicines in Table 8 is not widespread across age, health insurance, and income population groups. Among the nonelderly (with the exception of the Medicare or Medicaid group), prescribed medicines payment shares are projected

to increase substantially more than the expenditure shares for all population groups combined. For all elderly insurance groups, with the exception of the elderly group without Medicare coverage, the expenditure shares for prescribed medicines are projected to decline. Persons in families with incomes between 100% and 200% of poverty and persons in families below the poverty line are projected to have declines in prescribed medicines expenditure shares, while persons in families with incomes greater than 200% of poverty are projected to have increasing payment shares over this period.

A relatively modest projected increase in the expenditure shares for physician office services between 1996 and 2005 for the overall population is more pronounced for the elderly compared to the nonelderly population groups, with the exception of the nonelderly having either Medicaid or Medicare coverage. The ambulatory physician expenditure share is projected to increase relatively more for persons in near poor families and families with incomes below the poverty level compared to other income groups.

Overall, this analysis indicates that between 1996 and 2005 aggregate nominal health care expenditures are projected to increase, on average, by approximately 7.5% per year for the community-based, civilian population. The projected trends in payment sources and expenditure shares across various population groups over this period are derived from CBO projections of the NHA for the entire population and from Census Bureau projections of the population by age, race/ethnicity, and gender. The latter adjustments to the population-based weights did not modify the projected distribution of the population by type of insurance held beyond 1996 to any substantial degree. As a result, these estimates are best interpreted as projections that assume no explicit change in the health insurance distribution after 1996 beyond any such changes implicit in the CBO NHA projections to which these estimates are aligned.

Appendix

Table 1. Trends in Personal Health Care Expenditures 1996-2005
Population Under Age 65

Expenditure Category	Per Capita Expenditure 1996	Per Capita Expenditure 1996 price inflated to 2005	Per Capita Expenditure 2005	Average Annual Percentage Change (1996-2005)
Physician Office	\$ 453.33	\$ 679.52	\$ 854.14	7.29
Outpatient Hospital	135.12	236.15	262.56	7.66
Hosp Inp Physician	162.53	243.62	319.87	7.81
Hosp Inp Facility	630.74	913.40	1,082.48	6.19
Prescribed Medicines	155.81	212.35	312.18	8.03
Dental Services	180.78	280.45	313.37	6.30
Home Health Care	25.97	40.29	94.76	15.47
Other	69.40	104.03	126.83	6.93
Total	1,813.68	2,709.81	3,366.19	7.11

Source: Agency for Health Care Policy and Research, Center for Cost and Financing Studies, National Medical Expenditure Survey data (aligned to National Health Accounts projections), August 1998.

Table 2. Trends in Personal Health Care Expenditures 1996-2005

Population Age 65 and Over

Expenditure Category	Per Capita Expenditure 1996	Per Capita Expenditure 1996 price inflated to 2005	Per Capita Expenditure 2005	Average Annual Percentage Change (1996-2005)
Physician Office	\$ 1,105.00	\$ 1,656.33	\$ 2,497.25	9.48
Outpatient Hospital	195.53	341.73	475.45	10.38
Hosp Inp Physician	631.57	946.69	1,373.93	9.02
Hosp Inp Facility	3,546.05	5,135.16	6,721.74	7.36
Prescribed Medicines	558.36	760.99	1,006.10	6.76
Dental Services	145.27	225.36	241.53	5.81
Home Health Care	629.55	976.64	1,758.10	12.09
Other	275.87	413.51	580.44	8.62
Total	7,087.21	10,456.41	14,654.55	8.41

Source: Agency for Health Care Policy and Research, Center for Cost and Financing Studies, National Medical Expenditure Survey data (aligned to National Health Accounts projections), August 1998.

Table 3. Trends in Personal Health Care Expenditures 1996-2005

Total Population

Expenditure Category	Per Capita Expenditure 1996	Per Capita Expenditure 1996 price inflated to 2005	Per Capita Expenditure 2005	Average Annual Percentage Change (1996-2005)
Physician Office	\$ 531.74	\$ 797.05	\$ 1,047.49	7.82
Outpatient Hospital	142.39	248.86	287.61	8.13
Hosp Inp Physician	218.97	328.22	443.91	8.17
Hosp Inp Facility	981.52	1,421.37	1,746.07	6.61
Prescribed Medicines	204.25	278.37	393.83	7.57
Dental Services	176.50	273.81	304.92	6.26
Home Health Care	98.59	152.95	290.49	12.76
Other	94.24	141.26	180.21	7.47
Total	2,448.20	3,641.89	4,694.53	7.50

Source: Agency for Health Care Policy and Research, Center for Cost and Financing Studies, National Medical Expenditure Survey data (aligned to National Health Accounts projections), August 1998.

Table 4. Trends in Payment Sources for Personal Health Care Expenditures, 1996-2005

Population Under Age 65

Expenditure Category	Per Capita Expenditure	Percentage Payments From Self or Family	Percentage Payments From Private Insurance	Percentage Payments From Medicare	Percentage Payments From Medicaid	Percentage Payments From Other
1996						
Physician Office	\$ 453.33	19.3665	65.6473	3.7217	5.8376	5.4269
Outpatient Hospital	135.12	27.9856	46.3972	2.8781	12.0273	10.7117
Hosp Inp Physician	162.53	8.9075	66.4223	5.7920	10.1868	8.6914
Hosp Inp Facility	630.74	3.5090	52.0454	6.8076	21.5761	16.0619
Prescribed Medicines	155.81	30.5299	47.2903	0.0000	18.1341	4.0457
Dental Services	180.78	43.0328	52.0076	0.0381	3.7268	1.1947
Home Health Care	25.97	17.2406	38.8123	14.8866	24.6662	4.3942
Other	69.40	61.3454	24.8333	5.5376	3.5619	4.7218
Total	1,813.68	18.4503	54.6698	4.4600	13.1904	9.2294
2005						
Physician Office	\$ 854.14	12.1475	64.0855	6.8269	11.6133	5.3269
Outpatient Hospital	262.56	20.2283	43.4423	5.0242	21.7050	9.6002
Hosp Inp Physician	319.87	4.9601	62.4061	8.3990	16.6351	7.5998
Hosp Inp Facility	1,082.48	3.3633	45.2510	9.5948	26.9354	14.8555
Prescribed Medicines	312.18	24.9557	51.8923	0.0000	20.3153	2.8367
Dental Services	313.37	42.6604	51.4807	0.0000	4.6986	1.1602
Home Health Care	94.76	14.0441	37.1296	10.2213	34.0855	4.5195
Other	126.83	51.7710	28.2227	8.3960	7.1152	4.4950
Total	3,366.19	14.8447	51.8448	6.6118	18.4313	8.2674

Source: Agency for Health Care Policy and Research, Center for Cost and Financing Studies, National Medical Expenditure Survey data (aligned to National Health Accounts projections), August 1998.

Table 5. Trends in Payment Sources for Personal Health Care Expenditures, 1996-2005

Population Age 65 and Over						
Expenditure Category	Per Capita Expenditure	Percentage Payments From Self or Family	Percentage Payments From Private Insurance	Percentage Payments From Medicare	Percentage Payments From Medicaid	Percentage Payments From Other
1996						
Physician Office	\$ 1,105.00	22.8693	19.4345	50.5035	2.0410	5.1516
Outpatient Hospital	195.53	39.8159	9.3795	42.0724	1.9370	6.7951
Hosp Inp Physician	631.57	13.5014	24.9157	54.9258	2.2347	4.4225
Hosp Inp Facility	3,546.05	2.1564	20.3174	62.4139	2.0257	13.0865
Prescribed Medicines	558.36	42.1104	39.6525	0.0000	14.2484	3.9886
Dental Services	145.27	77.2241	17.6587	0.7809	3.6021	0.7343
Home Health Care	629.55	23.1352	3.6447	60.4494	12.2929	0.4777
Other	275.87	41.7566	7.3509	45.9466	1.7683	3.1775
Total	7,087.21	15.5273	19.7708	52.3324	3.9415	8.4280
2005						
Physician Office	\$2,497.25	11.8007	15.2265	65.4843	3.2805	4.2080
Outpatient Hospital	475.45	25.6138	6.4547	60.1971	3.2689	4.4656
Hosp Inp Physician	1,373.93	6.5283	19.4547	67.4363	3.0226	3.5580
Hosp Inp Facility	6,721.74	1.8373	15.1300	70.5954	2.2161	10.2213
Prescribed Medicines	1,006.10	36.1186	43.8769	0.0000	17.2923	2.7121
Dental Services	241.53	76.8232	17.7035	0.0000	4.6996	0.7736
Home Health Care	1,758.10	27.8139	4.4240	45.0094	22.1199	0.6328
Other	580.44	29.5477	7.1950	58.0874	2.8529	2.3169
Total	14,654.55	12.5498	15.6878	59.5157	5.9963	6.2504

Source: Agency for Health Care Policy and Research, Center for Cost and Financing Studies, National Medical Expenditure Survey data (aligned to National Health Accounts projections), August 1998.

Table 6. Trends in Payment Sources for Personal Health Care Expenditures, 1996-2005

Expenditure Category	Total Population					
	Per Capita Expenditure	Percentage	Percentage	Percentage	Percentage	Percentage
		Payments From Self or Family	Payments From Private Insurance	Payments From Medicare	Payments From Medicaid	
1996						
Physician Office	\$ 531.74	20.2423	54.0923	15.4190	4.8883	5.3580
Outpatient Hospital	142.39	29.9404	40.2808	9.3542	10.3601	10.0645
Hosp Inp Physician	218.97	10.5018	52.0175	22.8437	7.4271	7.2099
Hosp Inp Facility	981.52	2.9211	38.2532	30.9797	13.0775	14.7685
Prescribed Medicines	204.25	34.3390	44.7781	0.0000	16.8560	4.0269
Dental Services	176.50	46.4186	48.6061	0.1117	3.7144	1.1491
Home Health Care	98.59	21.7695	11.7927	49.8930	15.1597	1.3851
Other	94.24	54.4457	18.6755	19.7708	2.9302	4.1778
Total	2,448.20	17.4322	42.5139	21.1347	9.9689	8.9503
2005						
Physician Office	\$ 1,047.49	12.0502	50.3787	23.2825	9.2756	5.0130
Outpatient Hospital	287.61	21.2759	36.2473	15.7566	18.1187	8.6014
Hosp Inp Physician	443.91	5.5313	46.7627	29.9011	11.6772	6.1277
Hosp Inp Facility	1,746.07	2.6720	31.6062	37.2281	15.7375	12.7562
Prescribed Medicines	395.83	28.3114	49.4828	0.0000	19.4065	2.7993
Dental Services	304.92	45.8448	48.3323	0.0000	4.6987	1.1242
Home Health Care	290.49	23.8506	13.8374	34.9966	25.5639	1.7515
Other	180.21	43.3478	20.2527	27.2303	5.4997	3.6695
Total	4,694.53	14.0017	38.5632	26.0451	13.8635	7.5265

Source: Agency for Health Care Policy and Research, Center for Cost and Financing Studies, National Medical Expenditure Survey data (aligned to National Health Accounts projections), August 1998.

Table 7. Trends in Health Insurance Coverage, Poverty Status, Gender and Age for Community-Based Population, 1996-2005

	1996		2005	
	Persons (000's)	Percent	Persons (000's)	Percent
Total Population	265,440	100.00	286,153	100.00
Age and Insurance Status				
Under 65 Population	233,501	87.97	252,480	88.23
Private Health Insurance/HMO	68,125	25.67	72,720	25.41
Private Health Insurance/not HMO	98,234	37.01	105,742	36.95
Medicare or Medicaid	26,486	9.98	29,491	10.31
Uninsured	40,657	15.32	44,527	15.56
65 and Over Population	31,938	12.03	33,673	11.77
Medicare and Medicaid	2,882	1.09	3,236	1.13
Medicare and Private Group Insurance	13,293	5.01	13,754	4.81
Medicare and Private Individual Insurance	11,830	4.46	12,455	4.35
Medicare Only	3,040	1.15	3,305	1.16
No Medicare	894	0.34	922	0.32
Poverty Status				
under 100% of poverty	38,583	14.54	42,736	14.94
100% to 124% of poverty	12,919	4.87	14,086	4.92
125% to 200% of poverty	39,548	14.90	42,658	14.91
201% to 399% of poverty	86,634	32.64	91,847	32.10
400% of poverty or more	87,756	33.06	94,826	33.14
Gender				
Males	129,578	48.82	139,963	48.91
Females	135,861	51.18	146,190	51.09
Age				
0-17	71,484	26.93	74,577	26.06
18-64	162,017	61.04	177,903	62.17
65 or older	31,938	12.03	33,673	11.77

Source: Agency for Health Care Policy and Research, Center for Cost and Financing Studies, National Medical Expenditure Survey data (aligned to National Health Accounts projections), August 1998.

Table 8. Trends in Health Expenditure Shares for Community-Based Population
by Selected Population Characteristics, 1996-2005

Category	Per Capita Total Expenditure	Percentage Share From Physician Office	Percentage Share From Outpatient Hospital	Percentage Share From Inpatient Hospital Physician	Percentage Share From Inpatient Hospital Facility	Percentage Share From Prescribed Medicines	Percentage Share From Dental Services	Percentage Share From Home Health Care	Percentage Share From Other
1996									
Total Population	2,448.20	21.7196	5.8160	8.9440	40.0915	8.3429	7.2096	4.0271	3.8493
Age and Insurance Status									
Under 65 Population	1,813.68	24.9950	7.4500	8.9614	34.7771	8.5911	9.9674	1.4317	3.8262
Private Health Insurance	1,904.71	28.0740	7.5260	9.5905	29.6110	8.3415	12.0253	0.8714	3.9603
Medicare or Medicaid	2,875.32	14.3998	6.4918	7.3320	52.9004	9.8973	2.4774	3.9752	2.5261
Uninsured	749.61	19.4575	9.0543	6.4926	43.2026	7.9223	7.2874	0.9017	5.6817
65 and Over Population	7,087.21	15.5915	2.7589	8.9114	50.0345	7.8784	2.0497	8.8830	3.8926
Medicare and Medicaid	12,276.96	9.0618	1.7041	7.4690	42.1795	8.3062	0.5661	28.2003	2.5130
Medicare and Private Group Insurance	7,292.99	17.2629	2.3500	8.8949	51.3050	8.5854	2.7450	4.8067	4.0501
Medicare and Private Individual Insurance	6,092.99	17.5221	3.9068	9.3071	50.0423	7.2152	2.1123	5.4707	4.4234
Medicare Only Insurance	6,258.50	12.1065	2.6608	9.6098	58.2041	4.8737	0.7892	7.9803	3.7757
No Medicare	3,275.01	14.2660	1.4256	12.6062	49.6043	15.1463	3.6014	0.3121	3.0381
Poverty Status									
under 100% of poverty	2,465.67	14.2985	5.2967	7.5661	52.4237	8.9314	2.9569	6.0752	2.4515
100 to 124% of poverty	3,401.51	13.9620	5.3994	9.1604	53.4140	6.8456	2.9400	5.5937	2.6850
125 to 200% of poverty	2,480.88	18.7403	6.1542	7.4347	42.5047	7.9578	3.5609	9.7779	3.8695
201 to 399% of poverty	2,374.93	22.8340	5.0444	9.0027	40.2485	8.4938	7.7408	2.5914	4.0443
400% of poverty or more	2,357.77	27.0839	6.7502	10.1889	30.2914	8.4227	11.2735	1.4535	4.5359
Gender									
Males	2,102.33	21.5791	6.6317	8.1565	41.4718	7.8395	7.2979	3.1770	3.8464
Females	2,778.07	21.8210	5.2273	9.5124	39.0952	8.7061	7.1458	4.6407	3.8515
Age									
0-17	968.66	27.1029	8.3980	5.5057	31.2451	6.3485	18.2893	1.0971	2.0133
18-64	2,186.51	24.5830	7.2647	9.6369	35.4675	9.0294	8.3408	1.4972	4.1806
65 or older	7,087.21	15.5915	2.7589	8.9114	50.0345	7.8784	2.0497	8.8830	3.8926

Source: Agency for Health Care Policy and Research, Center for Cost and Financing Studies, National Medical Expenditure Survey data (aligned to National Health Accounts projections), August 1998.

Table 8 (cont'd). Trends in Health Expenditure Shares for Community-Based Population
by Selected Population Characteristics, 1996-2005

Category	Per Capita Total Expenditure	Percentage Share From Physician Office	Percentage Share From Outpatient Hospital	Percentage Share From Inpatient Hospital Physician	Percentage Share From Inpatient Hospital Facility	Percentage Share From Prescribed Medicines	Percentage Share From Dental Services	Percentage Share From Home Health Care	Percentage Share From Other
2005									
Total Population	4,694.53	22.3130	6.1265	9.4558	37.1938	8.3892	6.4951	6.1879	3.8387
Age and Insurance Status									
Under 65 Population	3,366.19	25.3740	7.8000	9.5024	32.1575	9.2739	9.3093	2.8151	3.7677
Private Health Insurance	3,315.80	28.5203	7.5555	10.0596	26.6199	9.5843	11.9752	1.7152	3.9700
Medicare or Medicaid	6,929.95	18.1669	8.0265	8.7364	45.6378	8.5522	2.0068	6.1558	2.7175
Uninsured	1,207.83	18.1442	9.6294	6.2828	41.8610	8.6011	7.7266	2.2219	5.5330
65 and Over Population	14,654.55	17.0408	3.2444	9.3755	45.8680	6.8654	1.6482	11.9970	3.9608
Medicare and Medicaid	29,732.77	10.6353	2.3679	8.0406	36.6133	6.7342	0.4609	32.6374	2.5104
Medicare and Private Group Insurance	14,481.53	18.9798	2.8571	9.2723	47.9538	8.0144	2.3178	6.3279	4.2769
Medicare and Private Individual Insurance	12,315.88	19.5110	4.3008	9.9065	46.8983	5.8785	1.7112	7.3081	4.4857
Medicare Only Insurance	11,963.79	13.4835	3.4425	10.6322	54.0506	3.9749	0.6716	9.9959	3.7488
No Medicare	5,564.23	15.4325	1.6020	12.8486	44.5421	16.5016	3.5578	0.6878	4.8277
Poverty Status									
under 100% of poverty	5,216.27	16.9520	5.9521	8.3735	46.3131	8.5368	2.4235	8.9033	2.5457
100 to 124% of poverty	6,884.39	15.0262	6.6949	10.5184	48.4336	6.1614	2.5890	7.6920	2.8845
125 to 200% of poverty	4,973.11	18.8522	6.2525	8.0483	39.1139	7.3126	3.1081	13.4803	3.8322
201 to 399% of poverty	4,479.13	23.4774	5.3204	9.4691	37.6609	8.6768	7.0757	4.2069	4.1127
400% of poverty or more	4,217.42	27.7061	6.8484	10.5344	27.8860	9.1224	10.9113	2.4792	4.5123
Gender									
Males	4,027.33	22.4847	6.9825	8.7013	38.6847	7.9576	6.6000	4.7917	3.7976
Females	5,333.31	22.1888	5.5077	10.0013	36.1159	8.7012	6.4193	7.1973	3.8684
Age									
0-17	1,680.90	27.5627	9.2935	5.7810	28.0081	6.6412	18.4148	2.2250	2.0737
18-64	4,072.66	24.9954	7.5416	10.1463	32.8754	9.7294	7.7339	2.9172	4.0608
65 or older	14,654.55	17.0408	3.2444	9.3755	45.8680	6.8654	1.6482	11.9970	3.9608

Source: Agency for Health Care Policy and Research, Center for Cost and Financing Studies, National Medical Expenditure Survey data (aligned to National Health Accounts projections), August 1998.